

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Chiropractic Association PAC

ADDRESS (number and street)

1701 Clarendon Blvd

☐Check if different
than previously
reported. (ACC)

Arlington

VA

22209

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00102764

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

01

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dr Mario Spoto

Signature of Treasurer

Electronically Filed by Dr Mario Spoto

Date

02

17

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Chiropractic Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		55761.39
(b) Cash on Hand at Beginning of Reporting Period	55761.39	
(c) Total Receipts (from Line 19)	5307.96	5307.96
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61069.35	61069.35
7. Total Disbursements (from Line 31)	11000.00	11000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	50069.35	50069.35
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Chiropractic Association PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	5307.96	5307.96
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	5307.96	5307.96
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	5307.96	5307.96
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5307.96	5307.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5307.96	5307.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	11000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11000.00	11000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11000.00	11000.00

DETAILED SUMMARY PAGE

of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	5307.96	5307.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5307.96	5307.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
People For Patty Murray U S Senate Campaign

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98199Purpose of Disbursement
2010 General Election - Sen. Patty Murray - WA eventCandidate Name
Sen. Patty Murray011
Category/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: WA District:

Transaction ID: 29218789

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Amount of Each Disbursement this Period

1500.00

2010 General Election -
Sen. Patty Murray - WA ev-
ent**B.** Full Name (Last, First, Middle Initial)
Bennett Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement

Candidate Name
Sen. Robert Bennett011
Category/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: UT District:

Transaction ID: 29235608

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Upton For All Of Us

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement

Candidate Name
Rep. Fred Upton011
Category/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District: 06

Transaction ID: 29235609

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial) Hoyer For Congress	Transaction ID: 29235610 Date of Disbursement
Mailing Address 7905 Malcolm Road Suite 102	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 0 9</div> </div>
City Clinton State MD Zip Code 20735	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1500.00</div>
Candidate Name Rep. Steny H. Hoyer	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Whitfield For Congress Committee	Transaction ID: 29294176 Date of Disbursement
Mailing Address P.O. Box 391	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City Hopkinsville State KY Zip Code 42241	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Ed Whitfield	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Arcuri For Congress	Transaction ID: 29294848 Date of Disbursement
Mailing Address P.O. Box 8508	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div>
City Utica State NY Zip Code 13505	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Michael Arcuri	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Richard Burr Committee, The

Mailing Address Post Office Box 5928

City
Winston-SalemState
NCZip Code
27113

Purpose of Disbursement

Candidate Name
Rep. Richard M. BurrOffice Sought: ☒ House
☐ Senate
☐ President

State: NC District: 05

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 29295489

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Doggett For Congress

Mailing Address P.O. Box 5843

City
AustinState
TXZip Code
78763

Purpose of Disbursement

Candidate Name
Rep. Lloyd DoggettOffice Sought: ☒ House
☐ Senate
☐ President

State: TX District: 10

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 29295780

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Bob Filner For Congress

Mailing Address P.O. Box 127868

City
San DiegoState
CAZip Code
92112

Purpose of Disbursement

Candidate Name
Rep. Bob FilnerOffice Sought: ☒ House
☐ Senate
☐ President

State: CA District: 51

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 29296086

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

11000.00